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ASSISTANT COMMISSIONER FOR PATENTS  
Washington, DC 20231

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09/993729  
U.S. PTO

PATENT  
File No.: 0941.65970  
Date: November 6, 2001

Transmitted herewith for filing is the patent application of

Inventor(s): Shinkawa et al.

For: DATA PROCESSING DEVICE, SIGNAL  
PROCESSING DEVICE, AND INTERFACE DEVICE

I hereby certify that this paper is being deposited  
with the United States Postal Service as EXPRESS  
MAIL in an envelope addressed to: Assistant  
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Signature: David P. Canon

Enclosed are:

- (X) 37 pages of specification, including 13 claims and  
an abstract.
- (X) an executed oath or declaration, with power of attorney.
- ( ) an unexecuted oath or declaration, with power of attorney.
- ( )     sheet(s) of informal drawing(s).
- (X) 19 sheet(s) of formal drawings(s).
- (X) Assignment(s) of the invention to FUJITSU LIMITED and Assignment Recordation Form.
- (X) A check in the amount of \$40.00 to cover the fee for recording the assignment(s) is enclosed.
- (X) Information Disclosure Statement; Form PTO-1449 and cited references.
- (X) Claim for Priority and Priority Document
- ( ) PCT Request (Courtesy copy)

Fee Calculation For Claims As Filed

|                            |           |   |           |   |          |                               |
|----------------------------|-----------|---|-----------|---|----------|-------------------------------|
| a) Basic Fee               |           |   |           |   |          | \$740.00                      |
| b) Independent Claims      | <u>3</u>  | - | <u>3</u>  | = | <u>0</u> | x \$ 84.00 = \$ <u>      </u> |
| c) Total Claims            | <u>13</u> | - | <u>20</u> | = | <u>1</u> | x \$ 18.00 = \$ <u>      </u> |
| d) Fee for Multiple Claims |           |   |           |   |          | \$280.00 = \$ <u>      </u>   |
| Total Filing Fee           |           |   |           |   |          | <u>\$740.00</u>               |

- (X) A check in the amount of \$740.00 to cover the filing fee is enclosed.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 07-2069. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 07-2069. A duplicate copy of this sheet is enclosed.

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